

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

GENAL NO.

0915921695

FILING DATE

ATTORNEY

43-04 3-7-0

CLAIMS

SEQUENCE	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		INCL	DEP.
	INCL	DEP.	INCL	DEP.		
1	1		1		51	
2					52	
3					53	
4					54	
5					55	
6					56	
7					57	
8					58	
9					59	
10					60	
11					61	
12					62	
13					63	
14					64	
15					65	
16					66	
17					67	
18					68	
19					69	
20					70	
21	1		1		71	
22	1		1		72	
23	1		1		73	
24					74	
25					75	
26					76	
27					77	
28					78	
29					79	
30					80	
31					81	
32					82	
33					83	
34					84	
35					85	
36					86	
37					87	
38					88	
39					89	
40					90	
41					91	
42					92	
43					93	
44					94	
45					95	
46					96	
47					97	
48					98	
49					99	
50					100	
TOTAL INCL	3	0	3	0	TOTAL INCL	0
TOTAL DEP.	10	0	10	0	TOTAL DEP.	0
TOTAL CLAIMS	13	13			TOTAL CLAIMS	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS